



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

RECEIVED

JUN 15 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: to correct an error in the legal
location of a well as submitted on
Change Application 3 June 2001

CS4-WRC 028802@1		CHEN
FOR OFFICE USE ONLY		
CHANGE No.	Chel-09-13	WR1A 45
DATE ACCEPTED	08-12-2009	6/11/09 BY [signature]
FEE \$	1000.00	REC'D 6/11/09
CHECK No.	105558	
ECY Coding: 001-002-WR10285-000011		
SEPA:	<input checked="" type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Roy B. Dickinson and Bruce L. Dickinson	(509) 763-3542	()
ADDRESS		
17201 North Shore Drive		
CITY	STATE	ZIP CODE
Leavenworth	WA	98826

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Roy B. Dickinson - see above	()	()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
CS4-WRC 028802	Roy B. Dickinson + Bruce L. Dickinson
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

CS4-WRC 028802			
FOR OFFICE USE ONLY			
APP. NO.	PERMIT NO.	CERT. NO.	CERT. OF CHANGE NO.

CS4-WRC 028802@1

Chel-09-13

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
domestic well		NE	SE	13	27N	R16E	271613410050	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
no change								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: UNCHANGED

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
NO CHANGE			

5. Place of Use: UNCHANGED

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
T27N, R16E, Sec 13 SE ½ except W ½ of SW ¼							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
domestic well		NE	SE	13	27N	R16E	271613410050	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
no change								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: UNCHANGED

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
NO CHANGE			

5. Place of Use: UNCHANGED

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
T27N, R16E, Sec 13 SE except W½ of SW¼							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

CS4-WRC017516 (LWWUA) and CS4-WRC001265 (WEST)

6. Remarks and Other Relevant Information:

This application is to correct the legal location of our domestic well.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Bruce J Dickinson

Roy B Dickinson
(Applicant)

20 May '09
(Date)

Bruce J Dickinson

Roy B Dickinson
(Water Right Holder)

20 May '09
(Date)

Bruce J Dickinson

Roy B Dickinson
(Land Owner(s) of Existing Place of Use)

20 May '09
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Application is to change portion of irrigation right to domestic use and change all domestic right (including changed as noted above) to a new point of withdrawal

FOR OFFICE USE ONLY

CHANGE No. _____ WRIA _____
DATE ACCEPTED ____/____/____ BY _____
FEE \$ _____ REC'D ____/____/____
CHECK No. _____
SEPA: ☐ Exempt ☐ Not exempt

**** IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY) ****

1. Applicant Information:

APPLICANT/BUSINESS NAME ROY B. DICKINSON and BRUCE L. DICKINSON	PHONE NO. (509) 763-3542	FAX NO. (509) 763-3248
ADDRESS 17201 NORTH SHORE DRIVE		
CITY LEAVENWORTH	STATE WA	ZIP CODE 98826
CONTACT NAME (IF DIFFERENT FROM ABOVE) ROY B. DICKINSON - SEE ABOVE	PHONE NO. ()	FAX NO. ()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER 028802	RECORDED NAME(S) ROY B. DICKINSON and BRUCE L. DICKINSON
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
FALL CREEK		NW	SE	13	27 N	16	27161340050	

B. Proposed – FOR DOMESTIC USE (ONLY AS TO TWO EXISTING RESIDENTIAL AND SEVEN NEW RESIDENTIAL)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WELL (THE "DICKINSON WELL")		NW	SE	13	27 N	16	27161340050	
plus potential second well, C.R.C. 4/13/01								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
DOMESTIC – FOUR RESIDENTIAL		2.00	YEAR-ROUND
IRRIGATION – FOUR ACRES		14.00	APRIL 1 – OCTOBER 1
TOTAL	UP TO 1 CFS		

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
ADD DOMESTIC – SEVEN RESIDENTIAL		3.50	YEAR-ROUND
DELETE IRRIGATION – ONE ACRE		3.50	APRIL 1 – OCTOBER 1
TOTAL	UP TO 1 CFS		

5. Place of Use: UNCHANGED

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

S1/2, EXCEPT 21/2 OF SW1/4

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		13	27 N	16 EWM	CHELAN		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

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Are there any ADDITIONAL WATER rights or CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

THIS APPLICATION REQUESTS (1) A CHANGE OF THE EXISTING IRRIGATION RIGHT (NOW CONSISTING OF 14 ACRE FEET YEARLY FOR IRRIGATION OF FOUR ACRES) BY CHANGING 5.25 ACRE FEET THEREOF TO DOMESTIC USE, AND (2) A CHANGE OF DOMESTIC USE, EXISTING AND CHANGED AS REQUESTED IN (1) ABOVE, TO A NEW POINT OF WITHDRAWAL (OF GROUNDWATER).
THE TOTAL NUMBER OF RESIDENCES ELIGIBLE FOR THE DOMESTIC USE UNDER THE RIGHT, AS CHANGED, IS 11. IN ADDITION, THE REQUEST IS TO ALLOW A PHASED-IN CHANGE APPROACH WHEREBY THE RIGHT MAY CONTINUE TO BE EXERCISED FOR EXISTING IRRIGATION USE TO THE EXTENT THE WATER RIGHT HAS NOT BEEN EXERCISED FOR DOMESTIC USE AS CHANGED (BY APPROVAL OF THIS APPLICATION).

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Bruce J. Dickinson
Ray B. Dickinson

(Applicant)

3 June 12001
(Date)

Bruce J. Dickinson
Ray B. Dickinson

(Water Right Holder)

3 June 12001
(Date)

Bruce J. Dickinson
Ray B. Dickinson

(Land Owner(s) of Existing Place of Use)

3 June 12001
(Date)

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☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION _____

STAFF: _____ DATE: ____/____/____